

RECEIVED  
UNIT  
UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK  
2018 OCT 19 AM 10:35

William Wilkerson

Write the full name of each plaintiff.

**18CV9653**

(Include case number if one has been assigned)

-against-

The New York Post Newspaper

**COMPLAINT**  
(Prisoner)

Do you want a jury trial?  
☐ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

## I. LEGAL BASIS FOR CLAIM

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☒ Other:

Cleveland Unusual/Slenderous Deformation of Character

## II. PLAINTIFF INFORMATION

Each plaintiff must provide the following information. Attach additional pages if necessary.

William

First Name

N/A

Middle Initial

Wilkinson

Last Name

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

Booking Case # 3601800176

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

Manhattan Detention Center

Current Place of Detention

125 White Street

Institutional Address

New York

County, City

NY

State

10013

Zip Code

## III. PRISONER STATUS

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☐ Other:

#### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

First Name	Last Name	Shield #
<i>Editor of The New York Post</i>		
Current Job Title (or other identifying information)		
<i>1211 Avenue of the Americas</i>		
Current Work Address		
<i>New York</i>	<i>NY</i>	<i>10036</i>
County, City	State	Zip Code

Defendant 2:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City		
State		
Zip Code		

Defendant 3:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City		
State		
Zip Code		

Defendant 4:

First Name	Last Name	Shield #
Current Job Title (or other identifying information)		
Current Work Address		
County, City		
State		
Zip Code		

V. STATEMENT OF CLAIM

Place(s) of occurrence: 116 E 127th St.

Date(s) of occurrence: December 7, 2017

FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

The Literary work of the New York Post violated my Right to privacy while printing untrue rumors that will effect my social life in irreparable ways. The rumors have caused undue and my Unlawful Imprisonment, and may cost me a job I have worked professionally for over a decade. These rumors may effect my ability to continue in my Psychiatric Medical Field of Profession.

The Rumors have already cost me the loss of Liberty, My home, My car, along with all of my personal property. These events have left me homeless, indigent and possibly Unemployed for a long time coming.

The Editor of the New York Post made No efforts in getting the Truth before printing fabricated unsavory ideals of what happened at the event in question. It is my assessment that my losses have and will exceed \$1,000,000 in damages. I am Requesting Punitive Damages and Declarative Judgement that will cause The New York Post to write a Retrospective Article that exonerates me of any guilt or wrongdoing in the Public Eye.

### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

(Please See Attached Documents)

As a Result of the Assault I endured followed by the wrongful incarceration, there is an array of injuries starting from the Date of the event - to - the present. Documents and Extra Pages are Enclosed.

### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I am Requesting \$1,000,000 (One million dollars) in punitive damages, and Declarative and Injunctive Relief for the New York Post to write a Retrospective Article Exonerating Me of any Wrongdoing in the Public eye.

## VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10/6/18  
Dated  
William Douglas  
First Name Middle Initial  
William Wilkerson  
Plaintiff's Signature  
Wilkerson  
Last Name  
Manhattan Detention Center 125 White St  
Prison Address  
New York NY 10013  
County, City State Zip Code

Date on which I am delivering this complaint to prison authorities for mailing: 10/6/18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #:  
NON-GRIEVABLE - STAFF COMPLAINT

Date Filed:  
10/03/18

Facility:  
MDC

Title of Grievance or Request:  
WILKERSON, WILLIAM B&C# 360-18-00176

Category:  
NON-GRIEVABLE - STAFF COMPLAINT

From IGRP Inmate Statement Form, print or type short description of request/grievance: Please be advised, for the second

time, I've had appts for medical treatment at Bellvue Hosp and Manhattan Detention Center has failed to deliver me!

Second appt was yesterday 10/1/18 when I was scheduled to see a pulmouery specialist for pulmonary function test.

My housing offir woke me up on time, but nobody came to deliver me to Bellvue!

I'm a chronic Astmatic who suffering wit COPD and it the medical Dept is making appts to get the best care, how am I'm supposed to receive it if I'm not delivered ?

Please Note: this is the 2nd time this has happened First time I was not delivered to bellvue hosp for my Orthopedic

Specialist Appt! Yesterday I wasnt delivered to my pulmonary functions test Appt Please Help Me!

Action Requested by Inmate:

### STEP 1: INFORMAL RESOLUTION

Check one box: ☐ Grievance ☐ Request ☒ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

On 10/03/18 The OCGS reviewed your complaint and determined that it is not under the purview of the OCGS; however it will be forwarded to the Head of the Facility for further investigation.

Your requested action is Modified.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☒ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

10-10-18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Attachment - C

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- |   |  |
|---|--|
| <input type="checkbox"/> Staff-on-inmate non-sexual assault (use of force) allegation   | <input type="checkbox"/> Medical staff, e.g., complaints regarding quality of care, request for second medical opinion       |
| <input type="checkbox"/> Staff-on-inmate sexual assault/abuse allegation  | <input type="checkbox"/> Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion |
| <input type="checkbox"/> Staff-on-inmate non-sexual harassment  | <input type="checkbox"/> Request for protective custody (fear for safety)  |
| <input type="checkbox"/> Inmate-on-inmate non-sexual assault allegation   | <input type="checkbox"/> Request for accommodation due to disability   |
| <input type="checkbox"/> Inmate-on-inmate sexual assault/abuse allegation   | <input type="checkbox"/> Inmate disciplinary process and dispositions  |
| <input type="checkbox"/> Inmate-on-inmate non-sexual harassment allegation  | <input type="checkbox"/> Freedom of Information law request  |
| <input type="checkbox"/> Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate | <input checked="" type="checkbox"/> Other  |

Next steps:

FORWARDED TO THE HEAD OF THE FACILITY

Date of Deadline for Status Update from Relevant Entity: N/A

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition: \_\_\_\_\_

Date returned to inmate: \_\_\_\_\_

IGRC Members Signatures: \_\_\_\_\_

Please decide within five business days of receipt whether to appeal (Check one box below.)

- ☐ Yes, I agree with the IGRC hearing disposition.
- ☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.

- ☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.
- ☐ Grievance not forwarded to the Commanding Officer (explain): \_\_\_\_\_

Grievance Supervisor's Signature:

Date:





# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #:  
T440/18

Date Filed:  
09/25/18

Facility:  
MDC

Title of Grievance or Request:  
WILKERSON, WILLIAM B&C# 360-18-00176

Category:  
#14- MEDICAL

From IGRP Inmate Statement Form, print or type short description of request/grievance: Dear Grievance, I'm in dire need of medical attention regarding my right hip. This is my 3rd request for pain medication and as of yet, I've still havent seen the Orthopedic specialist at belluve. The pain is unbearable and I'm really laboring when walking and sitting. Can you pls address the medical staff and inform them that im suffering because going to sick call on a daily basis is pointless! Thank you William Wikerson 3601800176

Action Requested by Inmate:

### STEP 1: INFORMAL RESOLUTION

Check one box: ☒ Grievance ☐ Request ☐ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

On 09/27/18 The OCGS reviewed your statement and was in contact with MDC Clinic to learn that a Referral has been made for you to go to see a Orthopedic Specialist.

Your requested action is Accepted.

Are you satisfied with the proposed resolution?

☐ Yes, I accept the resolution. ☒ No Because I hav'nt seen He Dr Yet

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

*William Wikerson*

Date:

Grievance Supervisor's Signature:

Date:

*9-28-18*



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Attachment - C

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- ☐ Staff-on-inmate non-sexual assault (use of force) allegation
- ☐ Staff-on-inmate sexual assault/abuse allegation
- ☐ Staff-on-inmate non-sexual harassment
- ☐ Inmate-on-inmate non-sexual assault allegation
- ☐ Inmate-on-inmate sexual assault/abuse allegation
- ☐ Inmate-on-inmate non-sexual harassment allegation
- ☐ Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate

- ☐ Medical staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Request for protective custody (fear for safety)
- ☐ Request for accommodation due to disability
- ☐ Inmate disciplinary process and dispositions
- ☐ Freedom of Information law request
- ☐ Other

Next steps:

Date of Deadline for Status Update from Relevant Entity: N/A

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition: \_\_\_\_\_

Date returned to inmate: \_\_\_\_\_

IGRC Members Signatures: \_\_\_\_\_

Please decide within five business days of receipt whether to appeal (Check one box below.)

- ☐ Yes, I agree with the IGRC hearing disposition.
- ☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.

- ☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.
- ☐ Grievance not forwarded to the Commanding Officer (explain): \_\_\_\_\_

Grievance Supervisor's Signature:

Date:



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #: **151040**  
**WILLIAM WILKERSON 360-18-00176**

Date Filed:  
**9/17/18**

Facility:  
**MDC**

Title of Grievance or Request:  
**MEDICAL**

Category: **14**

From IGRP Inmate Statement Form, print or type short description of request/grievance I'm in dire need of pain medication for my right hip and right knee, both of which needs to be replaced. This is my second request to go to Bellvue Hosp to see an orthopedic specialist and I'm still waiting in pain. I cant sleep and walking is a pain. Please Help me!

Action Requested by Inmate: To see an orthopedic specialist asap and recieve medications to relieve the pain until I'm able to get HIP replacements and knew replacements.

### STEP 1: INFORMAL RESOLUTION

Check one box: ☒ Grievance      Request      Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below.  
Tasked out to medical for further review.

Are you satisfied with the proposed resolution?

Yes, I accept the resolution.      No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date: 9/17/18

Grievance Supervisor's Signature:

Date: 9/17/18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #: **144465**  
**WILLIAM WILKERSON 360-18-00176**

Date Filed:  
**8/24/18**

Facility:  
**MDC**

Title of Grievance or Request:  
**MEDICAL**

Category: **14**

From IGRP Inmate Statement Form, print or type short description of request/grievance: I'm not getting the medical attention I need for chronic pain in my right hip. I was scheduled to see a DR in Bellevue and when I went there I didn't see anyone! I'm in dire need of pain medication or approved to have hip replacement surgery because the muscle relaxers and motrin are not working. Please help me the pain is becoming unbearable!!!

Action Requested by Inmate: Hip replacement surgery immediately!!

### STEP 1: INFORMAL RESOLUTION

Check one box: ☒ Grievance      Request      Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff, shall provide an explanation for why the submission is not subject to the IGRP process.

Tasked out to medical for further review.

Are you satisfied with the proposed resolution?

Yes, I accept the resolution.

☒ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date: 8/24/18

Grievance Supervisor's Signature:

Date: 8/24/18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #: **138287**  
**WILLIAM WILKERSON 360-18-00176**

Date Filed:  
**8/3/18**

Facility:  
**MDC**

Title of Grievance or Request:  
**MEDICAL**

Category: **14**

From IGRP Inmate Statement Form, print or type short description of request/grievance: for the second time I was denied medical treatment at Bellevue Hospital Orthopedic center. the first time I was scheduled to go to Bellevue and I was never taken to my apt from MDC. the second time- July 31, I went to Bellevue and spent 12 hours waiting to see a DR and no DR came to see me! I suffer with excruciating pain in my right hip and I'm praying to get a hip replacement. In the mean time, I'm hoping to get the proper pain relief medications that will help subside this pain. I already take an average of 6 non aspirin daily but that only does about 10% of the pain relief.

Action Requested by Inmate: I need to see a specialist and get the right medications until I can have the surgery. Please help me, I'm really getting tired of this!!!

### STEP 1: INFORMAL RESOLUTION

Check one box: ☒ Grievance      ☐ Request      Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

Tasked out to medical for further review.

Are you satisfied with the proposed resolution?

Yes, I accept the resolution.

☒ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date: 8/3/18

Grievance Supervisor's Signature:

Date: 8/3/18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R

Eff.: 09/10/12

Ref.: Dir. #3376

### DISPOSITION FORM

Attachment - C

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- ☐ Staff-on-inmate non-sexual assault (use of force) allegation
- ☐ Staff-on-inmate sexual assault/abuse allegation
- ☐ Staff-on-inmate non-sexual harassment
- ☐ Inmate-on-inmate non-sexual assault allegation
- ☐ Inmate-on-inmate sexual assault/abuse allegation
- ☐ Inmate-on-inmate non-sexual harassment allegation
- ☐ Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate

- ☐ Medical staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Request for protective custody (fear for safety)
- ☐ Request for accommodation due to disability
- ☐ Inmate disciplinary process and dispositions
- ☐ Freedom of Information law request
- ☐ Other

Next steps:

Date of Deadline for Status  
Update from Relevant Entity:

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition: \_\_\_\_\_

Date returned to inmate: \_\_\_\_\_

IGRC Members Signatures: \_\_\_\_\_

Please decide within five business days of receipt whether to appeal (Check one box below.)

- ☐ Yes, I agree with the IGRC hearing disposition.
- ☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.

- ☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.
- ☐ Grievance not forwarded to the Commanding Officer (explain): \_\_\_\_\_

Grievance Supervisor's Signature:

Date:



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Grievance/Request Reference #: **133773**  
**WILLIAM WILKERSON 360-18-00176**

Date Filed:  
**7/18/18**

Facility:  
**MDC**

Title of Grievance or Request: **STAFF COMPLAINT**

Category: **NON-GRIEVABLE**

From IGRP Inmate Statement Form, print or type short description of request/grievance: I'm grieving in reference to an incident that occurred on the above date concerning being disbursed with a chemical agent by CO Frazier #15588 while extractin another inmate by the name of Myers. At that point and time I was never afforded decontamination or medical assistance. I experienced nausea, vomiting and constant bowel movements. Officers allowed only certain amount of inmates to be medically treated and decontaminated.

Action Requested by Inmate: I would like staff and officers at MDC retrained on how to handle a chemical agent and to be able to afford medical assistance and decontamination of Directives.

### STEP 1: INFORMAL RESOLUTION

Check one box:    Grievance       Request    ☒ Submission not subject to the IGRP process.

The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.

Not subject to the IGRP process; Forwarded to the Warden.

Are you satisfied with the proposed resolution?

Yes, I accept the resolution.

☒ No

I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request

Inmate's Signature:

Date: 7/18/18

Grievance Supervisor's Signature:

Date: 7/18/18



# CITY OF NEW YORK - DEPARTMENT OF CORRECTION



## INMATE GRIEVANCE AND REQUEST PROGRAM

Form: # 7102R  
Eff.: 09/10/12  
Ref.: Dir. #3376

### DISPOSITION FORM

Attachment - C

If this is a submission not subject to IGRP process, DOC Grievance Supervisor must choose its category and write down the next steps for the inmate.

- ☐ Staff-on-inmate non-sexual assault (use of force) allegation
- ☐ Staff-on-inmate sexual assault/abuse allegation
- ☐ Staff-on-inmate non-sexual harassment
- ☐ Inmate-on-inmate non-sexual assault allegation
- ☐ Inmate-on-inmate sexual assault/abuse allegation
- ☐ Inmate-on-inmate non-sexual harassment allegation
- ☐ Status as an intended contraband recipient, enhanced restraint, Red ID, or centrally monitored case inmate

- ☒ Medical staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Mental health staff, e.g., complaints regarding quality of care, request for second medical opinion
- ☐ Request for protective custody (fear for safety)
- ☐ Request for accommodation due to disability
- ☐ Inmate disciplinary process and dispositions
- ☐ Freedom of Information law request
- ☐ Other

Next steps:

FORWARDED TO THE HEAD OF MEDICAL STAFF

Date of Deadline for Status Update from Relevant Entity: N/A

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 2: FORMAL HEARING OF INMATE GRIEVANCE RESOLUTION COMMITTEE

Formal Hearing Disposition: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date returned to inmate: \_\_\_\_\_

IGRC Members Signatures: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please decide within five business days of receipt whether to appeal (Check one box below.)

- ☐ Yes, I agree with the IGRC hearing disposition.
- ☐ No, I disagree with the IGRC hearing disposition and seek to appeal to the Commanding Officer.

Inmate's Signature:

Date:

Grievance Supervisor's Signature:

Date:

### STEP 3: APPEAL TO THE COMMANDING OFFICER

Grievance Supervisor must check only one box below.



- ☐ Grievance forwarded to the Commanding Officer for action upon IGRC recommendation.
- ☐ Grievance not forwarded to the Commanding Officer (explain): \_\_\_\_\_

Grievance Supervisor's Signature:

Date:



*Enmale Copy*

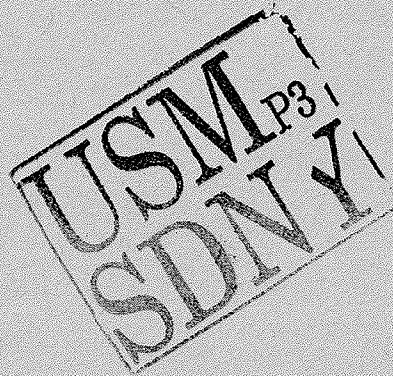
		<b>CITY OF NEW YORK - DEPARTMENT OF CORRECTION</b>			
<b>INMATE GRIEVANCE AND REQUEST PROGRAM</b>				Form: # 7102R Eff.: 09/10/12 Ref.: Dir. #3376	
<b>DISPOSITION FORM</b>					
Grievance/Request Reference #: NON-GRIEVABLE - MEDICAL STAFF		Date Filed: 07/09/18		Facility: MDC	
Title of Grievance or Request: WILKERSON, WILLIAM B&C# 360-18-00176		Category: NON-GRIEVABLE -MEDICAL STAFF			
From IGRP Inmate Statement Form, print or type short description of request/grievance: <u>My name is William Wilkerson</u> <u>360180017, I suffer with chronic Asthma. I told the officer (Chen) that I was suffering with shortness of Breath at 9:30pm</u> <u>I was not allowed to go to the infirmary until 11:30pm. I am totally not satisfied with the medical staff have at this facility.,</u> <u>It I was in real emergency, I feel I would have been Dead!, Its it right have a person suffering with chronic Asthma to not be</u> <u>allowed to get a Breathing TX in their facility? I understand that its a holiday weekend and we may be short staffed but that</u> <u>does not negate the facts that an asthmatic should be seen as soon as possible to prevent deaths!</u> <u>Totally not Satisfied!!! Wilkerson!!</u>					
Action Requested by Inmate:          					
<b>STEP 1: INFORMAL RESOLUTION</b>					
Check one box: <input type="checkbox"/> Grievance <input type="checkbox"/> Request <input checked="" type="checkbox"/> Submission not subject to the IGRP process.					
The Inmate Grievance and Request Program proposes to informally resolve your grievance or request as follows below. Alternatively, IGRP staff shall provide an explanation for why the submission is not subject to the IGRP process.					
On 07/09/18 The OCGS reviewed your complaint and determined to that it is not in the purview of the OCGS; however it will be forwarded to the Head of the Medical Staff for further investigation.					
Your requested action is Modified.					
Are you satisfied with the proposed resolution?					
<input type="checkbox"/> Yes, I accept the resolution. <input type="checkbox"/> No					
I request a formal hearing of the Inmate Grievance Resolution Committee within 5 business days from notification of the proposed resolution. I understand that if my submission involves a request to exercise religious beliefs or practices not currently available, then the Committee on Religious Accommodations will review my request					
Inmate's Signature:		Date:		Grievance Supervisor's Signature: <i>[Signature]</i>	
				Date: <u>7-9-18</u>	

7 South  
William Wilkerson (#3601800176)

Manhattan Detention Center

125 White St

New York, NY 10013



Pro Se  
SM

United States District Court  
Southern District of New York

500 Pearl Street  
New York, N.Y. 10007

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2018 OCT 19 AM 10:34

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